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Bib Data Sheet

CONFIRMATION NO. 1293

SERIAL NUMBER 10/615,972	FILING DATE 07/09/2003	CLASS 227	GROUP ART UNIT 3721	ATTORNEY DOCKET NO. END907-0511043
RULE				

APPLICANTS

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** CONTINUING DATA ****

N/OnB

** FOREIGN APPLICATIONS ****

N/OnB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/02/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 14	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

FROST BROWN TODD LLC
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TITLE

Surgical instrument with a lateral-moving articulation control

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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